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AUTHOR Kinley, Gary J.: And Others
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ABSTRACT

The official position of the Michigan Association for the Education of Young Children (MiAEYC) regarding several core child care and educational issues is briefly stated. It is suggested that members and officers of MiAEYC, policy makers, and interested individuals refer to these statements as a basis for decision making and formulation of policies. Positions are taken on licensing and regulation, staff qualifications and education, public and private child care, programming for young children, and infant and toddler programs. A table listing characteristics of competent infant care givers is included. (Author/RH)

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Position Statements on Issues in Early Childhood

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THE MICHIGAN ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN
POSITION STATEMENTS ON ISSUES IN EARLY CHILDHOOD:

LICENSING AND REGULATION
STAFF
PUBLIC AND PRIVATE CHILD CARE PROGRAMS
PROGRAMMING FOR YOUNG CHILDREN
INFANT AND TODDLER PROGRAMS

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These Position Statements are based on deliberations of the Michigan Association for the Education of Young Children Annual Affiliate Retreat held at Meadow Brook Hall, Oakland University, Rochester, MI, June 1979.

Principal Writer: Gary J. Kinley

Supporting Writers: Sharon Elliott
Jane Romatowski
Madelyn Reges

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The Michigan Association for the Education of Young Children (MiAEYC), its affiliates throughout the state, and its membership hereby declare their position regarding issues in the care and education of young children. This information is intended for use by those persons who speak on behalf of the organization.

In the past, positions expressed by the membership at large and the Executive Board represented decisions made formally in Executive Session or informally in committee meetings. To consolidate the thinking of the general membership, the Executive Board of MiAEYC ordered the formation of statements which would reflect the State organization's positions regarding Licensing and Regulation, Staff, Public and Private Child Care Programs, Programming for Young Children, and Infant and Toddler Programs. These statements were formed during a retreat at Meadow Brook where representatives of the state's nine affiliates and the state Executive Board met to outline the foundations for these positions. In the future, members, officers of MiAEYC, policy makers, and interested individuals will refer to these statements as a basis for decision making and formulation of policies. It is anticipated that additional position papers on other areas of concern will be developed as warranted, and changes in the existing documents may be made as needed.

Early Childhood Education is here defined as the providing of purposeful experiences, public or private, aimed at guiding the physical, emotional, intellectual and social development of the young child, 0-9 years of age or through the third grade...

(Early Childhood Referent Group, 1977, p. 3)

LICENSING/REGULATION

Currently, approximately 40% of the children in this country under Kindergarten age, are enrolled in some type of child care program. (Hess and Croft, 1975, p. 10) A primary concern for these children is their health, safety and welfare and further that the program meet their developmental needs. To insure the realization of the former concern and the possibility of the latter, minimal requirements and consultations are musts.

Public Act No. 116 of 1973 established by the Michigan Legislature empowers the Department of Social Services (DSS) to govern child care organizations and to develop minimal requirements which are subject to review by the general public before promulgation and implementation. These rules and regulations outline specific requirements a child care program, be it day care home (family or group) or child care center, must meet to be licensed. Included among the rules are provisions for staff, program, records, equipment, fire, health and sanitation plus transportation, and procedures for licensing and consultation.

If the health, safety and welfare of children in public or private care is truly as important as the law acknowledges, then strict and uniform enforcement is imperative. This may be accomplished whether a single agency accepts the responsibility and acts upon it, or delegates its mandated power to other organizations. Whether DSS and/or the Department of Education (DOE) or another agency administers these regulations, the issue remains: the rules and regulations must be applied equally to all programs for all children and must be enforced.

P.A. 116 additionally mandates that the "...(administering) department shall offer assistance, upon request, in developing methods for the improvement of service..." (Act 116, 1977, Sect. 722.114) Bernard Spodek suggests that licensing consultants today perform in two capacities--inspectors and consultants. (1972, p. 349) "Complications may arise...(if) suggestions made by licensing supervisors...(are) viewed as directives to be adhered to slavishly...(or) supervisors (are) moved to use their power to withhold licenses as a means of influencing programs." (Spodek, 1972, p. 349) Consultation is a separate function from regulation and a balance must exist between the two areas. One role must not supersede the other.

The responsibilities of licensing include determining through inspection whether a child care program meets the provisions of P.A. 116 and then granting or denying a license. Licensing also responds to all complaints registered with the Department regarding current licensees. Consulting recommends methods of improving services, coordinates and conducts in-service programs for child care staffs, and offers curriculum resources. Another aspect of the consulting function is to deseminate information regarding quality child care and other issues to the public through mass media presentations, workshops, publications and other appropriate means.

To enable the licensing and consulting worker to perform these tasks, training programs must utilize universities, colleges and other relevant agencies and organizations. Such programs must include study in: Human Growth and Development, the Education of the Young Child, Support Systems, and Licensing Regulations. Field experience with young children would accompany such study.

STAFF: QUALIFICATIONS AND EDUCATION

The success of a child care program is dependent upon the quality of its staff. The roles of adults in child care fall into five categories; namely Administrators, Master Teachers, Paraprofessionals, Support Staff, and Volunteers. This pattern is called differentiated staffing, "...the utilization of staff persons with different functions and competencies within a given pre-primary setting..." (Early Childhood Referent Group A, 1977, p. 1) The intent of the following is to define the qualifications and roles of these individuals in providing quality child care.

An administrator may be a director, program supervisor, elementary principal or in some cases a secondary principal. Qualifications for this position would include an understanding of: growth and development, early childhood methodology, business and personnel management. Among the responsibilities of the administrator are hiring, supervising, and evaluating staff; "...planning and implementing the overall program of the facility; supervising and coordinating the program in operation; (and lastly)...developing strategies for identifying and meeting program needs..." (Early Childhood Referent Group A, 1977, p. 1)

The master teacher, head teacher, teacher/director or teacher must possess a theoretical and experiential background in human growth and development, the education of the young child and family and societal factors affecting the child's growth. To qualify, the master teacher will be certified by an appropriate state agency and will hold the current "ZA" (Early Childhood) endorsement or its equivalent.

Presently, the "ZA" endorsement is primarily available at the continuing certification level. The availability of this endorsement needs to be extended so that institutions may also recommend individuals for endorsements at the initial certification level. In accordance with recommendations profiled in the Early Childhood Referent Group Report (ECGR), an individual seeking this endorsement must have exposure to the areas of study mentioned earlier and have successfully participated in field experiences with young children. While such training does not guarantee quality child care providers, it does confirm that the certified individual was exposed to appropriate theory and practices. Further information regarding teacher certification is available from the Michigan Department of Education, General Education Services's Early Childhood Referent Group Report.

As primary curriculum consultant, the master teacher plans and implements the center curriculum, measures and charts the progress of children, communicates with the family and community, assigns educational responsibilities, seeks support services as needed and finally plans and conducts pre- and in-service training for staff.

Aiding the master teacher in the implementation of the curriculum are paraprofessionals, otherwise known as assistant teachers, associate teachers, aides or group leaders. The paraprofessional either has acquired or is in the process of acquiring specific skills necessary to the performance of a care giver.

The support staff of a child care center may include psychologists, diagnosticians, doctors, nurses, speech therapists, social workers, and nutritional and custodial personnel. Such personnel must be orientated to center philosophy and policies prior to interacting with children and staff. Since the areas of expertise vary, so would the role of each support person.

Volunteers working in a program receive no monetary reimbursement for their services. Members of this group may include parents of children in the center or other relatives, students from colleges, elemeatary, junior or senior high schools, retirees or others. Careful orientation of volunteers is necessary since the use of volunteers should contribute to a quality program. In the course of their involvement, they may perform various relevant tasks related to the operation of the center and commensurate to their abilities. These tasks may include the sharing of a special talent or specific occupation with the children, constructing materials, or working with small groups of children in a specific area.

To assist individuals in acquiring and furthering their competencies as child care providers, pre-and in-service training is necessary. A variety of agencies, institutions, and organizations exist which should be utilized for this purpose. Included in this group would be child care centers, colleges and universities, professional organizations and state and county and local agencies.

Primary responsibility for in-service training lies with each center. It may draw from in-house sources, the community-at-large, DOE or DSS consultants or the academic or professional community. Furthermore, child care facilities should maintain active membership in professional organizations and encourage staff members to attend workshops and conferences.

Colleges and universities must offer relevant programs on both the graduate and undergraduate levels as summarized in the section regarding Teacher Certification and the "ZA" endorsement. Also, institutions of higher learning should offer on-site in-services, consultation, and supervision to centers requesting such services. Lastly, persons providing training and consulting services must maintain active and meaningful contact with children.

The Michigan Special House Committee on Children's Services stated that "...coordination and communication between Departments administering similar programs is practically nonexistent." (Special House Committee on Children's Services, 1978, p. 43) Until coordination and communication between agencies becomes a reality, in-service and consultation from these agencies will remain haphazard and overlapping. The same lack of coordination holds true in the case of county and community agencies.

Professional organizations must provide leadership in this effort to coordinate across agencies. Professional organizations may also advance in-service training through conferences or publication of journals and newsletters designed to inform membership of issues and strategies for action.

PUBLIC AND PRIVATE CHILD CARE

Currently, two sectors, public and private, meet child care needs. Public centers are supported in whole or part by the tax base and are non-profit. Public agencies such as a school system, Community Action Program (CAP), or college may exert some control over the program. Private centers meanwhile fall into two classes, profit and non-profit, and constitute all programs which do not meet the qualifications of public programs.

Public and private programs should provide a wide variety of child care options. Care should be available for all families needing such services and program selections should depend upon the needs of the particular family.

At the present time, even when such freedom of choice does prevail; economic restraints often interfere so that a family is limited in its selections of a child care program. Thus, a family may be forced to bypass a highly desirable program and in its place substitute one which does not meet the family's needs. Based on these considerations, attention must be given to tuition subsidies such as scholarships, sliding scales and possible changes in Aide to Dependent Children (ADC) regulations.

Any program, public or private, must meet the requirements as defined in the rules and regulations of P.A. 116. These regulations reflect the minimal requirements and must be universally applied to all programs. The requirements reflect concern with health, safety, the development of the whole child, and staff qualifications. The administering agency, be it DSS or DOE enforces the requirements as written. Although all programs would by law meet these minimal requirements, development of higher standards would be encouraged.

Once minimal requirments are met, public and private programs should be encouraged to communicate and coordinate their services. Presently, some communication and coordination does exist in the form of the Latch-Key programs, use of private centers for training public school students and the rental of space by private centers from public school. However, a concerted effort between the public and private sector to improve relations and increase interaction could result in a wider variety of benefits for all children. Services for special needs children should be available in both public and private centers. The Foods and Nutrition Program of the Michigan DOE must be accessible to all programs. The services and materials of the Intermediate School Districts must be accessible to all care givers and their children.

The previously mentioned services, information and resources would be used to improve the quality of child care programs; therefore, the cost for such services should be minimal.

PROGRAMMING FOR YOUNG CHILDREN

According to Sigel,

> The relationship between developmental theory and preschool programming is basically the match between theory and practice. Developmental theory ideally describes patterns of growth in cognitive, social, perceptual, and affect areas. Armed with this knowledge, program builders can proceed to construct programs that follow the course of growth. Thus materials and practices could be coherently related to theory. (1972, p. 13)

Acknowledging the importance of Sigel's remarks, two issues present themselves. First, what are some developmental patterns and needs present in infants, toddlers, preschoolers and early primary children? Second, what should characterize the learning environment to enable the attainment of those needs?

Erikson outlines the developmental tasks of each stage as sets of skills and competencies that are acquired by the individual as he/she gains increased mastery over his/her environment.

The primary tasks elemental to infancy and toddlerhood are discussed in the Infant/Toddler Position Statement. Therefore, special consideration will be paid in this statement to those developmental concerns important to young children, ages thirty months to nine years.

During the ages of two and a half to five, children's language skills grow as vocabulary increases and sentence structure becomes more complex. These language skills facilitate cognitive growth and critical thinking skills such as classification, number concepts, seriation, time and space relationships, etc. In addition, young children develop social skills moving from play observer to cooperative play. Fantasy and role-play become more prevalent as children act out various situations thus learning more about the world and their place in it. Motor skills, fine and gross, become more refined as children interact with space and material in their environment. In the early primary school years (5-9), program effectiveness depends upon the added use of a variety of age-appropriate activities and materials. Such programs need to be flexible and diverse. Consideration must still be given to gross and fine motor development, language skills, cognitive growth, and social and emotional health. Such programming should lead naturally to more formal instruction in the academic subjects.

A growing, productive environment promotes explorations, discovery, self-esteem and creativity. Above all the environment emphasizes the physical and psychological safety of children by employing "...positive methods of discipline that encourage self-control, self-direction, and self-esteem..." utilizing equipment constructed with children in mind, and enforcing health policies as outlined by DSS. (Department of Social Services, 1979, p. 3)

Children may be grouped according to age or across ages. Wherever possible, children with special needs should be mainstreamed to allow for maximum growth by the child and by the peers. Minimally adult:child ratios should be consistent with DSS requirements. But more appropriately adult:child ratios must reflect the developmental needs of the children in the program.

Adults working in any child care program would hold the qualifications outlined in the Staff Position Statement. They would establish an environment in which warmth, care, understanding and patience are predominant. In addition, they would plan and implement an educational program. Staff, particularly the primary caregivers, would be charged with communicating to parents accomplishments and needs of their child and needed resources.

INFANT AND TODDLER PROGRAMS

With increasing numbers of mothers returning to work shortly after the births of their babies or within one to two years, infant and toddler programs are growing at an astonishing rate. This period of growth (0-30 mo.) is a critical period in the development of a child. Regardless of whether the child is at home or in a child care program, two questions must be answered: What are the developmental needs of infants and toddlers? and how does one best meet these special needs?

During infancy, used in this statement to mean any child ages 0-12 months, dramatic areas in growth and development are observed. The most rapid area of growth is physical with not merely growth but coordination of the body taking place. Additionally, developments occur in language, social and emotional functioning, cognitive skills and play behaviors. Research supports that there is a significant relationship between the primary caregiver and infant growth and development. In studies by Ainsworth and Bell (1972), infants "... who had harmonious interactions with mothers sensitive to their signals and who had developed attachment relationships of normal quality..." develop person permanence concepts prior to object permanence and furthermore developed object permanence skills that proved advanced of norms. (Jacobson, 1978, p. 18) Other studies by White and Wells (1973), Yarrow (1972), Clarke-Stewart (1973), testify to importance of the primary caregiver-infant relationship.

Positive growth and development was observed in infants whose primary caregivers exhibited specific personality factors, attitudes and values, and behaviors. Desired caregiver characteristics reflect a personality which is child-centered, self-confident, flexible, and sensitive to the needs of infants; plus attitudes and values which display a positive outlook on life, an enjoyment of infants, and higher value on infants than possessions or immaculate appearance. (Jacobson, 1978, p. 20) Also desirable in a caregiver is behavior characterized by those interactions which facilitate development. See Table 1. (Jacobson, 1978, p. 20) In light of research focusing on cultural, racial, and socioeconomic status (SES); consideration might also be given to placing caregivers in programs where "...cultural and SES values and expectations are similar to those of the families served." (Jacobson, 1978, p. 19)

Caregivers of toddlers, used here to mean children ages 12-30 months, need all of the qualities desirable in those caring for infants with modifications for the crucial development needs of toddlers. To facilitate development, caregivers must provide children with experiences which increase language competencies, sensorimotor skills, and appropriate decision-making skills. Opportunities must be provided to advance play and imitation skills and the use of symbolic play. As the toddler becomes more mobile and explorative, space and manipulative equipment must become increasingly available.

Integrated with caregiving roles, individuals working with infants and toddlers must also provide information for parents regarding their child, their child's development, and resources and services which will support parents in their nurturing responsibilities.

Table 1. Characteristics of Competent Infant Caregivers.*

Desired Caregiver Characteristics	Cues to Desirable Caregiver Characteristics
I. PERSONALITY FACTORS	
A. Child-centered	1. Attentive and loving to infants. 2. Meets infants' needs before own.
B. Self-confident	1. Relaxed and anxiety free. 2. Skilled in physical care of infants. 3. Individualistic caregiving style.
C. Flexible	1. Uses different styles of caregiving to meet individual needs of infants. 2. Spontaneous and open behavior. 3. Permits increasing freedom of infant with development.
D. Sensitive	1. Understands infants' cues readily. 2. Shows empathy for infants. 3. Acts purposefully in interactions with infants.
II. ATTITUDES AND VALUES	
A. Displays positive outlook on life	1. Expresses positive affect. 2. No evidence of anger, unhappiness, or depression.
B. Enjoys infants	1. Affectionate to infants. 2. Shows obvious pleasure in involvement with infants.
C. Values infants more than possessions or immaculate appearance	1. Dresses practically and appropriately. 2. Places items not for infants' use out of reach. 3. Reacts to infant destruction or messiness with equanimity. 4. Takes risks with property in order to enhance infant development.
III. BEHAVIOR	
A. Interacts appropriately with infants	1. Frequent interactions with infants. 2. Balances interaction with leaving infants alone. 3. Optimum amounts of touching, holding, smiling, and looking. 4. Responds consistently and without delay to infants; is always accessible. 5. Speaks in positive tone of voice. 6. Shows clearly that infants are loved and accepted.
B. Facilitates development	1. Does not punish infants. 2. Plays with infants. 3. Provides stimulation with toys and objects. 4. Permits freedom to explore, including floor freedom. 5. Cooperates with infant-initiated activities and explorations. 6. Provides activities which stimulate achievement or goal orientation. 7. Acts purposefully in an educational role to teach and facilitate learning and development.

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MEADOW BROOK CONFERENCE PARTICIPANTS - JUNE 1979

Ben Hamilton
Mr. & Mrs. (Bertha) George Madison - MDAEYC
Carol Grates, MMAEYC
Gary J. Kinley, MMAEYC
Jackie Britting, MMAEYC
Dan Hodgins, GFAEYC
Martha Brewer, GFAEYC
Ruth L. Amundsen, CMAEYC
Midge Reges, WMAEYC
Pat Harper, WMAEYC
Ginny Purcell, WMAEYC
Marilyn Carlson, WMAEYC
Barbara Morgan, WMAEYC
Carolyn Stafford, GFAEYC
Janet Ronk, CMAEYC
Shelley J. Bjorkman, NMAEYC
Marlene Young, CMAEYC
Carolyn Boes, MDAEYC Pres.
Joanne Beare, NMAEYC
Mandy Gibson, NMAEYC
Karent Ritts, CMAEYC
Sharon Elliott, MDAEYC, Vice-Pres. MiAEYC
Jane Romatowski, MDAEYC member at large
Ginny McCaig, MDAEYC, MiAEYC Past-president
Betty Garlick, CMAEYC, MiAEYC Past-president
Mike Larzelere, BWAEYC
Sandra Carden, MDAEYC